

United States Bankruptcy Court District of Puerto Rico

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): SAN JUAN BAUTISTA MEDICAL CENTER, CORP.		Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): aka HOSPITAL SAN JUAN BAUTISTA		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): EIN: 66-0604194		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):	
Street Address of Debtor (No. and Street, City, and State) URBANIZACION TURABO GARDENS CARR. 172, SALIDA 21 CAGUAS, PR		Street Address of Joint Debtor (No. and Street, City, and State)	
ZIPCODE 00725		ZIPCODE	
County of Residence or of the Principal Place of Business: Caguas		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): PO BOX 4964 CAGUAS, PR		Mailing Address of Joint Debtor (if different from street address):	
ZIPCODE 00725		ZIPCODE	
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE	

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) 	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts
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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input checked="" type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000	
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

SAN JUAN BAUTISTA MEDICAL CENTER, CORP.

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)Location
Where Filed: NONE

Case Number:

Date Filed:

Location
Where Filed: N.A.

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.
I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)



Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.



There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.



Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes)

Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)



Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and



Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.



Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

SAN JUAN BAUTISTA MEDICAL CENTER, CORP.

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

☐

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney*

X

Signature of Attorney for Debtor(s)

CARMEN D. CONDE TORRES 207312

Printed Name of Attorney for Debtor(s)

C. CONDE & ASSOCIATES

Firm Name

254 SAN JOSE STREET

Address

SUITE 5c - SAN JUAN, PR 00901-1523

787-729-2900

Telephone Number

MARCH 17, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

LYMARI COLON

Printed Name of Authorized Individual

PRESIDENT OF GOVERNING BOARD

Title of Authorized Individual

MARCH 17, 2011

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

United States Bankruptcy Court

District of Puerto Rico

In re SAN JUAN BAUTISTA MEDICAL CENTER, CORP.

Case No. _____

Chapter 11

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 50,000.00

Prior to the filing of this statement I have received \$ 50,000.00 (RETAINER)

Balance Due \$ 0.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

\$275.00 p/h for Carmen D. Conde Torres plus cost and expenses;

\$250.00 p/h for Associates plus cost and expenses;

\$200.00 p/h for Junior Attorneys plus cost and expenses;

\$100.00 p/h for Legal Assistance such As Paralegal, in house special clerical services or Accounting Analyst plus cost and expenses.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

MARCH 17, 2011

Date


Signature of Attorney

C. CONDE & ASSOCIATES

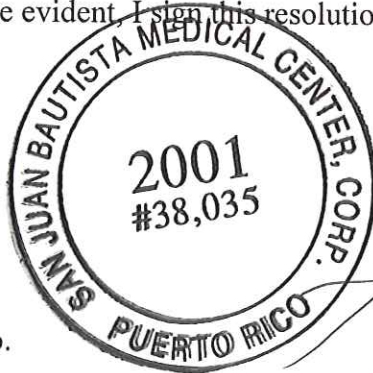
Name of law firm

CORPORATE RESOLUTION

I, Jorge A. Torres, of legal age, married, Secretary of the Governing Board and resident of Guaynabo, Puerto Rico DO HEREBY CERTIFY that:

1. At a meeting celebrated on March 15, 2011, the Governing Board of San Juan Bautista Medical Center, Inc., agreed to file a bankruptcy petition under the provisions of Chapter 11 of the Bankruptcy Code.
2. That we have been informed and oriented of the meaning of Chapter 11 of the Bankruptcy Code.
3. That at the meeting of shareholders celebrated on the same date, the filing for bankruptcy under Chapter 11 of the Federal Bankruptcy Law was unanimously approved.
4. That it was also agreed that the services of Attorney Carmen D. Conde Torres would be retained for such purposes.
5. That it was also agreed that Lymari Colón, President of the Governing Board will be the person authorized to signed the Petition, Schedules and Statement of Financial Affairs and any other documents related to the bankruptcy proceedings.

To be evident, I sign this resolution today the 17th day of March, 2011.



San Juan Bautista Medical Center, Inc.

By:

Jorge A. Torres
Jorge A. Torres, Secretary

Affidavit No.

Sworn and signed before me by Jorge A. Torres of legal age, married, Secretary of San Juan Bautista Medical Center, Inc., and from the vicinity of Guaynabo, Puerto Rico, who is personally known to me.

Today 17th day of March, 2011 at San Juan, Puerto Rico.



Maria Soledad Lozada Figueroa
Notary Public

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

SAN JUAN BAUTISTA MEDICAL CENTER,
 CORP.

In re _____,
 Debtor

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
AEE C/O ALDARONDO & LOPEZ BRAS ALB PLAZA CARR. 199 NO. 16 SUITE 400 GUAYNABO, PR 00969			Contingent Unliquidated Disputed	21,149,936.00
DEPARTMENT OF TREASURY BANKRUPTCY DIVISION PO BOX 9024140 SAN JUAN, PR 00902-4140				6,060,709.06

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
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DEPARTAMENTO
DEL TRABAJO Y
RECURSOS
HUMANOS
PO BOX 191020
SAN JUAN, PR
00919-1020

1,777,631.79

FONDO DEL
SEGURO DEL
ESTADO
PO BOX 365028
SAN JUAN, PR
00936-5028

1,013,079.14

BORSCHOW HOSP.
PO BOX 366211
GENERAL POST
OFFICE
SAN JUAN, PR
00936

994,898.95

AAA
PO BOX 14580
SAN JUAN, PR
00916-4580

867,734.98

CONTINENTAL
CASUALTY
COMPANY
PMC CCC HEALTH
PRO
23453 NETWORK
PLACE
CHICAGO, PR
60673-1234

471,031.53

U.T.E.P.
PO BOX 859
HUMACAO, PR
00792

395,881.08

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
PUERTO RICO HOSPITAL SUPPLY CALL BOX 158 CAROLINA, PR 00986-0158				377,151.50
E.M.I.C.S. ALTERNATIVE AT PO BOX 697 CANOVANAS, PR 00729				361,771.73
PREFERRED HEALTH PLAN PO BOX 23316 UPR STATION SAN JUAN, PR 00931				253,796.03
COVIDIEN GPO BOX 71416 SAN JUAN, PR 00936				234,256.00
SERVI PRO BAYAMON GARDENS H-11 CALLE CASTIGLIONI BAYAMON, PR 00957				222,743.13
PHILIPS MEDICAL SYSTEMS PR PO BOX 363954 OLD SAN JUAN STATION SAN JUAN, PR 00936-3954				180,413.33

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
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INTERNAL
REVENUE
SERVICES
PO BOX 7346
PHILADELPHIA, PA
19101-7346

178,556.23

HEALTHCARE
AMBULATORY
SERVICE
PLAZA DEL
CARMEN MALL
NO. 24
CAGUAS, PR 00725

176,350.00

HATO REY MEAT
MARKET
GUAYAMA 153
SAN JUAN, PR
00917

154,950.57

MOVA
INTERAMERICANA
CALL BOX 4908
CAGUAS, PR 00726

129,053.60

GEO-MED GROUP,
INC.
PO BOX 6178
CAGUAS, PR 00726

120,266.46

MILLENIUM
MEDICALL
EMERGENCY GR
PMB 171
BOX 4956
CAGUAS, PR 00726

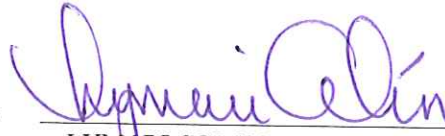
114,992.88

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date MARCH 17, 2011

Signature



LYMARI COLON,
PRESIDENT OF GOVERNING BOARD

AAA
PO BOX 14580
SAN JUAN PR 00916-4580

ABBOTT LABORATORIES PR INC
PO BOX 71469
SAN JUAN PR 00936

ACUALAB DE PUERTO RICO
BOX 625
HUMACAO PR 00792

ADALBERTO RIVERA
PO BOX 2042
CAYEY PR 00737

ADELISE MATTEI VELEZ
ALTURAS VILLA DEL REY
AUSTINA C-15
CAGUAS PR 00725

ADSUAR MUNIZ GOYCO SEDA
POST OFFICE BOX 70294
SAN JUAN PR 00936

AEE
CO ALDARONDO LOPEZ BRAS
ALB PLAZA CARR 199 NO 16 SUITE 400
GUAYNABO PR 00969

AEROMED SERVICES CORP
PMB 411
PO BOX 70344
SAN JUAN PR 00936-8344

AGA LINDE HEALTHCARE INSTITUTE
GPO BOX 354727
SAN JUAN PR 00936-4727

ALS UNLIMITED

ALADDIN TEMP RITE
PO BOX 19411
SAN JUAN PR 00910

ALARM CONTROL SYSTEMS CO
PO BOX 11857
SAN JUAN PR 00922

ALICIA SOSA JIMENEZ
HC-04 BOX 44374
MSC-1421
CAGUAS PR 00725

ALPHA BIOMEDICAL AND DIAGNOSTIC
PO BOX 670
CAGUAS PR 00726

ALS ELECTRONIC SERVICE
CALLE GUATIBIRI F-8
URB VILLA BORINQUEN
CAGUAS PR 00725

ALTERNATIVE MEDICINE SERVICES
URB RIO VERDE
CALLE 25 ZZ-50
CAGUAS PR 00725

AMAURY A LLUVERAS VILLAFANE
URB OREILLY
CALLE 2 NUM 44
GURABO PR 00778

AMN BUSINESS FORMS
PO BOX 334411
PONCE PR 00733

ANA COLLAZO PIETRI
CALLE SAN JORGE 1700
COND RIJO APTO NO 12
SANTURCE PR 00919

ANDA GENERICS
2915 WESTON ROAD
FORT LAUDERDALE FL 33331

ANDRES GONZALEZ -GLZ EXTERMINATING
PMB 482
PO BOX 4956
CAGUAS PR 00726

ANGEL L CASTRO BARBOSA
HC-08 BOX 39521
CAGUAS PR 00726

ANTONIO MARCADO HERNANDEZ
URB MADRID LOPEZ
LOPEZ HORMAZABAL 19
JUNCOS PR 00777

ARAMBUBURU ESSO SERVICE CORP
CALLE GEORGETTI NO 1
CAGUAS PR 00726

ARNALDO LOPEZ FRANCO
PMB 356
PO BOX 4985
CAGUAS PR 00726-4985

ASHLAND
PO BOX 116735
ATLANTA GA 30368

ASOCIACION DE HOSPITALES DE PR
VILLA NEVAREZ PROF BLDG STE 101
CENTRO COMERCIAL VILLA NEVAREZ
SAN JUAN PR 00927

ATLANTIC BIOLOGICALS
20101 NE 16 PLACE
MIAMI FL 33176

ATLAS MECHANICAL
PO BOX 9145
SAN JUAN PR 00908

AXESA SERVICIOS DE INFORMACION
PO BOX 191225
SAN JUAN PR 00919

BANCO DE SERVICIOS MUTUOS
662 PONCE DE LEON
PDA 37
SAN JUAN PR 00918

BANCO POPULAR DE PUERTO RICO
PO BOX 362708
SAN JUAN PR 00936

BAXTER SALES DISTRIBUTION CO
PO BOX 360002
SAN JUAN PR 00936-0002

BERDIEL NIEVES
PO BOX 13703
SAN JUAN PR 00908-3703

BETHZAIDA FONSECA MARCANO
C-04 BOX 47138
CAGUAS PR 00725

BIENVENIDO AGOSTO MADERO

BIO MEDICAL APPLICATION

BIO-MED PLUS INC
PO BOX 3548
GUAYNABO PR 00970

BIOMET ORTHOPEDICS PUERTO RICO
PO BOX 363926
SAN JUAN PR 00936-3926

BMET CORP
PO BOX 10088
PONCE PR 00732

BMS COMUNICATIONS GROUP
PO BOX 363222
SAN JUAN PR 00936

BORSCHOW HOSP
PO BOX 366211
GENERAL POST OFFICE
SAN JUAN PR 00936

BORSCHOW HOSP
PO BOX 366211
GENERAL POST OFFICE
SAN JUAN PR 00936

BRENDA LIZ FIGUEROA TORRES
AVE JOSE GARIDO H-1
VILLA TURABO
CAGUAS PR 00725

CEL FIRE YO CARLOS FLORES
AVE BETANCES URB HERMANAS
DAVILA J-5 PO BOX 3092
BAYAMON PR 00960

CAGUAS UNIFORMS INC
ZONA INDUSTRIAL VILLA BLANCA
PO BOX 434
CAGUAS PR 00726

CAGUS MECHANICAL CNTRACTORS
NEBRASKA U-4
CAGUAS NORTE
CAGUAS PR 00725

CANCIO NADAL RIVERA
PO BOX 364966
SAN JUAN PR 00936

CARLOS A GOMEZ MARCIAL
CALLE LA ROGATIVA C-1
PASEO SAN JUAN
SAN JUAN PR 00926

CARLOS GONZALEZ VARELA CPA
CALLE ACOSTA NO 32
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PAYMENTS 113 BLOOMINGDALE RD
BAYAMON PR 00960-0190

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CARR 140 KM 647 INTERIOR
BARCELONETA PR 00617

CELSIUS
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CAROLINA PR 00986

CHEMSTRUMENTS SALES SERVICES
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CHEMTRON OF PUERTO RICO
PMB 289 PO BOX 8700
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COBIANS PLAZA BUILDING
1607 AVE PONCE DE LEON SUITE
SAN JUAN PR 00909

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CLENDON REFERENCE LAB
PO BOX 549 AVE SANTA CRUZ
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COVIDIEN
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HATO REY PR 00918-2423

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YO MAST HOSP MAN
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CALLE SAUCO
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CALLE 4
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JUAN MORALES RIVERA
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LAS CUMBRES
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DORADO PR 00646

LOURDES MALDONADO PIRIS
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CAGUAS NORTE
CAGUAS PR 00725

LOURDES MONTANEZ CRUZ
URB CIUDAD JARDIN
A 79 SUR BAIROA CVIG
CAGUAS PR 00725

LOURDES MUNIZ BADILLO
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ANASCO PR 00610

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VILLA DEL REY
IRA SECCION CALLE KENT K-5
CAGUAS PR 00725

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ALTOS DE LA INTERAMERICANA
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TRUJILLO ALTO PR 00976

LUIS ACOSTA FLORES
URB VILLAS DE CASTRO
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LUZ E VAZQUEZ SANCHEZ
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CAGUAS PR 00725

MEDICAL TRANSPORT AMBULANCE
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URB ESTANCIAS DEL LAGO
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URB JARDINES DE CAPARRA
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CAROLINA PR 00986

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URB EL PARAISO
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PEDIATRIX MEDICAL GROUP
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UPR STATION
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NARANJITO PR 00719

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C-14 CALLE CORAZON
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CAGUAS PR 00725

SPOT AND HOLD
PO BOX 1836
MAYAGUEZ PR 00681-1836

ST JUDE MEDICAL PR BV
PO BOX 998
CAGUAS PR 00725

STAT LAB SUPPLY
PO BOX 192072
SAN JUAN PR 00919-2072

STERICYCLE INC
PO BOX 9001590
LOUSVILLE KY 40290

SYSTEMS ONE
PO BOX 10567
CAPARRA HEIGHTS STATION
SAN JUAN PR 00922

TAIMA FLORES PEDRAZA
PO BOX 524
CIDRA PR 00739

TEAM COLLECTION
PO BOX 3050
GURABO PR 00778

THE PUERTO RICO YELLOW PAGES
530 AVE DE LA CONSTITUCION
SAN JUAN PR 00901

THERESA ORTIZ MONTANEZ
JARDINES DE SAN CARLOS
EDIF 3 APT 27
CAGUAS PR 00725

UTEP
PO BOX 859
HUMACAO PR 00792

UNITED FORMS GRAPHICS
PO BOX 8701
BAYAMON PR 00960

UNITED STATES TREASURY
PO BOX 16742
SAN JUAN PR 00908

UNIVERSAL CARE
PO BOX 895
SABANA SECA PR 00952

UNIVERSAL SERVICES CONSULTANT
PO BOX 5891
CAGUAS PR 00726

US DEPARTMENT OF JUSTICE
FEDERAL LITIGATION DIVISION
PO BOX 9020192
SAN JUAN PR 0090-0192

VAQUERIA TRES MONJITAS
PO BOX 366757
SAN JUAN PR 00937

VILARO LAW OFFICES

VIRGINA CRUZ BAEZ
HC-02 BOX 5366
COMERIO PR 00782

WASTE MANAGEMENT
PO BOX 71561
SAN JUAN PR 00936

WILBERTO VELEZ DEL VALLE
BOX 1107
SAN LORENZO PR 00754

WILLIAM SANCHEZ CRUZ
HC-11 BOX 47591
CAGUAS PR 00725

WORLDS OFFICE MACHINE

XEROCOMSYS INC
AVE 65 INFANTERIA 1416
URB SAN AGUSTIN
SAN JUAN PR 00926

XIOMARA BERRIOS
HC 01 BOX 5427
BARRANQUITAS PR 00794

YADDIRA PAGAN RIVERA
HC-02 BOX 13790
GURABO PR 00778

YENITZA RIVERA JIMENEZ
PO BOX 497
SAN LORENZO PR 00754

YINESKA TOLENTINO
HC-01 BOX 6746
LAS PIEDRAS PR 00771

YOLANDA BURGOS MORALES
URB MENDEZ
CALLE D NO 52
YABUCOA PR 00767

YOLANDA DEL VALLE RODRIGUEZ
HC-04 BOX 47899
CAGUAS PR 00725

ZAIR O HERNANDEZ DELGADO
PO BOX 2221
JUNCOS PR 00777

ZOOM BUSINESS FORMS
AVE ESCORIAL NO 720
CAPARRA TERRACE
SAN JUAN PR 00920

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

SAN JUAN BAUTISTA MEDICAL CENTER,
CORP.

In re _____,
Debtor

Case No. _____

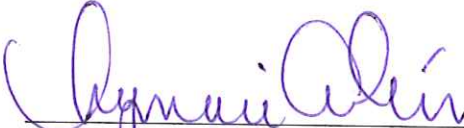
Chapter 11

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 39 pages, is true, correct and complete to the best of my knowledge.

Date MARCH 17, 2011

Signature


LYMARI COLON,
PRESIDENT OF GOVERNING BOARD